

Indiana Division of Mental Health and Addiction

Consumer Operated Business

Consumer Status Verification

To satisfy the state's requirement that proposals for the Consumer Operated Business awards are authored and directed by consumers of services the information asked for here must be completed and submitted with a proposal. This is a mandatory requirement. Proposals that do not have this completed will not be evaluated. If the proposal is co-authored please include a completed copy of this form for all persons writing and submitting a proposal.

Please complete the following:

I, (printed name) _____, attest that I have received treatment, or do receive treatment for a diagnosed mental health issue.

My signature is my verification of meeting this requirement as described above.

Signed _____

Date _____

Contact Information

Address _____

Phone number _____

Email address _____

PLEASE NOTE: Information shared on this verification will be kept confidential. We may contact you in regards to this requirement for any clarification we may need.